

Maine Department of Labor
MAINE ENTERPRISE OPTION

Survey: Reasons For Withdrawing From MEO

Name _____ S. S. No. _____

Instructions: We would like information from you concerning your reasons for withdrawing from the MEO program. This information will assist us in evaluating the program's effectiveness in helping individuals start their own businesses. **Completion of this form is optional.** (You may also complete this form without including your name.) Your cooperation is greatly appreciated.

Mail this completed form to: **Maine Department of Labor**
 Benefits Division – SPU
 P.O. Box 259
 Augusta, ME 04332-0259

1. REASON(S) FOR WITHDRAWING (Please check all that apply):

- ☐ Found another job (working for someone else)
 - ☐ Returned to work with a former employer
 - ☐ Unable to obtain needed financing
 - ☐ Family finances
 - ☐ Family pressure
 - ☐ Unable to find suitable business site
 - ☐ Lost interest
 - ☐ Poor local economy
 - ☐ Business idea did not seem like it could become profitable
 - ☐ Other (please explain) _____
- _____

2. How would you rate the MEO program?

	<u>Very Helpful</u>	<u>Moderately Helpful</u>	<u>Minimally Helpful</u>
Overall	_____	_____	_____
Weekly Benefits During Start-Up	_____	_____	_____
Workshops/Training	_____	_____	_____
Business Counselors	_____	_____	_____

3. How far along were you in starting your business? _____

4. What improvements would you recommend to make MEO a better program for future participants?
